
October 2009

Visual Impairment and Health in Sandwell

Report to Sandwell Visually Impaired (Charity Number 1131021)
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FORWARD

I am pleased to present the report on Visual Impairment and Health in Sandwell, which is the result of a survey during 2009 of health and related issues affecting 100 adults with visual impairments. The work was undertaken on behalf of Sandwell Visually Impaired by Insight Social Research Ltd and was made possible by funding from Sandwell Primary Care Trust.

The research clearly highlights that it is not just the impact of sight loss on a person's physical health which is affected, but their general wellbeing and engagement in everyday life. As well as treatment of the actual visual impairment the broader aspects of ability to travel, work and have an active lifestyle all need to be considered by statutory agencies and policy makers as equally as important.

A clear message from this report is that visual impairment increases the risk of social and economic exclusion. Considerable efforts have been made in Sandwell towards tackling social exclusion and health inequalities, but we know that there is still much more work to be done across many of our communities. The coming year poses exciting challenges for us within Sandwell PCT but a broad and inclusive approach towards service provision will help to address some of the issues.

I would like to thank all those who have been involved in the development of this report. I am particularly grateful to Sandwell Visually Impaired for bringing these issues to the attention of Sandwell PCT and for their enthusiasm and commitment.

Dr John Middleton
Director of Public Health
December 2009

EXECUTIVE SUMMARY

A personal interview survey of the health and related issues affecting 100 adults with visual impairments was undertaken by Sandwell Visually Impaired (SVI) during 2009. The analysis for this survey was undertaken by Insight Social Research Ltd. The report is posted on the SVI website at www.sandwellvisuallyimpaired.org.uk.

The survey sample was split equally between men and women. They lived in all six towns of Sandwell. The largest proportion (33%) lived in West Bromwich, the remainder being split between the other communities of Smethwick, Oldbury, Wednesbury, Tipton and Rowley Regis. Just over half of respondents (54%) were aged 65 or more. Nine out of 10 (90%) were registered as either blind or partially sighted.

Headline findings from the survey were as follows:

- Most respondents had difficulties when getting around outside.
- Respondents used various ways to travel. A minority had regular use of a car.
- Older respondents (aged 65 years and over) tended to lack confidence going out or using public transport.
- A minority (and very few older people) had had mobility training.
- About a third of respondents of working age were in full-time or part-time work.
- Nearly a quarter (23%) reported their health as poor or very poor.
- Over a third (37%) reported their health as having deteriorated in the last year.
- Most (60%) felt their sight sometimes contributed to 'not feeling right' emotionally.
- Family members and friends featured as a strong source of help and support.
- Two thirds (68%) reported 'other' problems relating to health or disability.
- A third (32%) had a hearing impairment, especially older people (41%).
- Nearly half (48%) had difficulties at home e.g. cooking, cleaning and bathing.

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- Half (49%) had special aids e.g. lights, magnifiers, talking watches, mobility aids.
 - Most were aware of services available (such as for home adaptations, Ring and Ride, Direct Payments) but fewer knew how to access them.
 - A variety of information sources were used (including radio, TV and the Internet) but charities were not frequently cited.
 - Many (between 13% and 46%) had no confidence in health professionals regarding their visual impairment.
 - Most (94%) reported having healthy diets, but was less so for younger people.
 - Two thirds (67%) did 30 minutes of moderate activity on 5 or more days a week.

Drawing from these findings the main pointers (set out more fully in the body of the report) are towards relatively poor health for a minority of people with visual impairment but in a context where others enjoyed somewhat healthier lifestyles. Overall health consciousness is high and, generally speaking, respondents are aware of some services and how to access them.

Regardless of health a number of barriers to the participation and engagement are evident. These include factors relating to the services themselves (adequacy, accessibility and staff awareness); the person's confidence; and any accompanying disabilities and impairments (including hearing loss).

Five 'key points' arising from the survey and other research relating to visual impairment were made in conclusion. These are as follows:

Key Point 1: Visual impairment is associated with high levels of ill health. This may be particularly the case where sight loss occurs. Statutory and voluntary agencies should be aware of this fact and ensure that appropriate attention is given to meeting the needs that arise from this.

Key Point 2: Visual impairment reduces people's mobility, ability to travel and be engaged in the normal activities of daily life. Statutory agencies need to deploy more rehabilitation and related services that facilitate engagement and contributions by people with visual impairments, including through mobility training for people of all ages.

Key Point 3: Mobility with and normal functioning in the home can, for many, be readily facilitated through a combination of aids/adaptations, training (e.g. with the support of rehabilitation workers or specialist occupational therapists) and, where appropriate, the use of personal assistants. Statutory agencies should actively consider the wider deployment and appropriate targeting of such services and support (and give specific attention to the ways in which knowledge and the use of existing resources can be enhanced).

Key Point 4: The number of people with visual impairments is increasing. The number with accompanying disabilities and sensory impairments, notably hearing loss, is also increasing. The growing needs demand a wider understanding of the conditions that lead to visual impairments and of the impact of sight loss. Statutory and voluntary agencies should redouble their efforts to raise awareness and improve knowledge – through events and specific training initiatives. Visually impaired people and healthcare practitioners who work in key service areas must be included in such endeavours.

Key Point 5: Visual impairment increases the risk of social and economic exclusion. Opportunities for people with visual impairments to make contributions to economic and social life are, therefore, undermined. Statutory agencies must, therefore, as part of their strategic vision and in the framing and resourcing of practices, give greater attention to the increasing number of people with visual impairment.

1. INTRODUCTION

In May 2009, Insight Social Research Ltd. was appointed by Sandwell Visually Impaired (SVI) to analyse the results of a personal interview survey undertaken in the Metropolitan Borough of Sandwell, report on the same, and place these results in the broader context of some of the research that has examined the health of people with visual impairments. Further information from a smaller, clinically oriented, study of 45 people in Sandwell, based on data gathered at the Health and Wellbeing Day, organised by SVI in March 2009 is referenced where appropriate (as the 'clinical study').

Generally speaking the picture regarding the health of people with visual impairments in the UK is unclear. Few studies have been undertaken and those that have often rely on working with imperfect samples. The studies that are quoted in this report (and are the best available in the UK) have focused, for instance, on people who are registered or on people contacted through voluntary agencies. In either case, it will be recognised that many people with visual impairments will have been overlooked.

We speculate that a high proportion of people 'missed' from the samples within these and other studies will be older people or people from minority ethnic groups. Many older people with late onset visual impairments will not 'bother' to make contact with agencies (statutory or voluntary) that might be sources of information or help. For a high proportion, poor eyesight may be seen as a corollary of older age about which little might be done. For people from minority ethnic groups there is a lower take up of services that, for some (most notably for people of Asian origin), will relate to a lack of knowledge of services.

2. HEALTH AND VISUAL IMPAIRMENT

Various studies have shown a clear link between health and visual impairment. This link, in part, reflects the association of most visual impairments with the process of ageing, but it also indicates that people with visual impairments of any particular age are, in most cases, likely to experience worse health. This, in turn, will mean that people with visual impairments are likely to have greater needs for information, training and support – in order to facilitate their maintaining a satisfactory quality of life through social activity, work, education, activities of daily living, etc.; or for receiving care or support – where these provide the best option in relation to the person's practical or personal needs.

While the different studies relating to visual impairment and health offer a confusion of information, the best initial reference point is the work of Gjonça and Nazroo (2006) for the Thomas Pocklington Trust. This re-analysed data from successive years of the English Longitudinal Study of Ageing. And while it is confined to people aged 50 or over it is methodologically sound in the sense that there will be few people with visual impairments who are omitted. This study established (for 2002 and 2003) that for a sample of nearly 1800 people those, respectively, with poor or fair vision were

- 2.9 and 2.4 times more likely to report fair or poor health
- 2.4 and 1.7 times more likely to report a limiting longstanding illness
- 2.4 and 1.9 times more likely to report one or more mobility difficulties
- 1.9 and 1.6 times less likely to report enjoying a good quality of life

Of relevance, in addition, is that they noted over a fifth (21%) reporting poor hearing in addition to their visual impairment.

A similar outcome has been noted in an important study by Douglas et al (2006). This University of Birmingham study focused on c.1000 people who had registered as blind or partially sighted within 20 local authorities in England and Wales. Personal interviews found that a majority (70%) reported long-term health problems or disabilities other than their visual impairment; and a substantial minority (43%) affirmed that they had difficulty with their hearing.

A study by Pey et al (2007) for the Guide Dogs for the Blind Association, involved personal interviews with c1400 people with visual impairments. Respondents were accessed through voluntary agencies. This study pointed to the negative impact of visual impairment (or, more pertinently, sight loss) on people's confidence and emotional health. They called for more attention to be given to support and training. Their conclusions regarding the need for such support are echoed in recent work undertaken for the Thomas Pocklington Trust by Thetford et al (2009).

In this overview it is also important to note that the growth in diabetes and obesity is likely to have its consequence in higher levels of diabetic retinopathy as people age. The RNIB (2006) point, furthermore, to a 'direct causal link' between smoking and poor nutrition – both contributing to the formation of cataracts and the development of macular degeneration.

Overall, therefore, many health issues around visual impairment can be recognised from the research studies undertaken. But the body of evidence is still building. This study will make a modest contribution to that evidence. The outcomes, as can be noted in the ensuing sections, help to reinforce the message that, regardless of some methodological shortcomings, the health needs of people with visual impairments are significant and arguably warrant greater attention than they have been afforded to date. The message becomes all the stronger when the broader context is taken into account – this being one where there are growing needs arising from

- demographic changes (notably the ageing population);
- the nature of the predominant eye conditions (with untreatable age-related macular degeneration becoming more commonplace); and the
- lifestyle factors (where e.g. obesity and diabetes can be expected to contribute to higher levels of visual impairment in coming years).

Extant unmet needs, such as those evidenced in this report, add to the challenge presented.

3. THE SURVEY

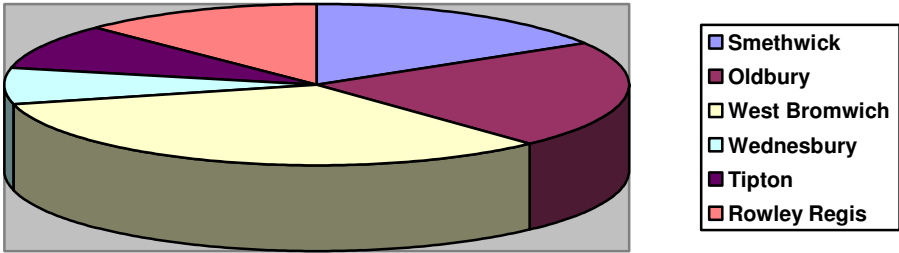
The personal interview survey in Sandwell was undertaken in the period from 16th March through to 30th June 2009. The interviews took place at home or at different events in which Sandwell Visually Impaired (SVI) had a leading role. The latter included a “Keeping Well, Keeping Healthy” event that took place at the Dorothy Parkes Centre, Smethwick on 16th March 2009. Health checks that supported the clinical study were also undertaken at this event. In total, exactly 100 interviews, excluding the clinical study, took place. These were divided, perchance, equally between men and women. Full tabulations and a copy of the data set are held by SVI.

Background Information

Over half of respondents lived in either West Bromwich or Oldbury (see Fig/Table 1). Most (54%) were aged 65 or over (see Fig/Table 2). A selection of tabulations is offered below in order to illustrate the key points arising from the study. Given the smallness of the sample only limited breakdowns are appropriate. Data for responses are not, therefore, given by area or for particular household types. Analysis is, however, given in relation to responses to many questions by age. This differentiates between those 65 or over and those aged up to 64. The youngest respondents were in the 25-34 year age band. This variable, age, revealed some significant differences. No clear differences were identified by gender, hence the latter variable not being offered in the tabulations.

The marital status of most households was one where respondents were either married (50) or widowed (20). The latter excluded any younger (aged up to 64) respondents. There were 10 younger respondents who were single. A question was not asked regarding whether respondents lived alone. A very high nine out of ten (89.7%) respondents were either registered as blind or partially sighted. Some 1675 people were noted in the SVI Business Plan (2008) as being registered as blind or partially sighted (2008) though this number is understood to have dropped (at September 2009) to 1320. This represents just 0.5% of the overall population of Sandwell and certainly well below the number who are eligible for registration. For the UK as a whole we can note from the work of Gjonça and Nazroo (2006) that people with sight

Fig / Table 1: Place Lived (Pie Diagram and related statistics provided)

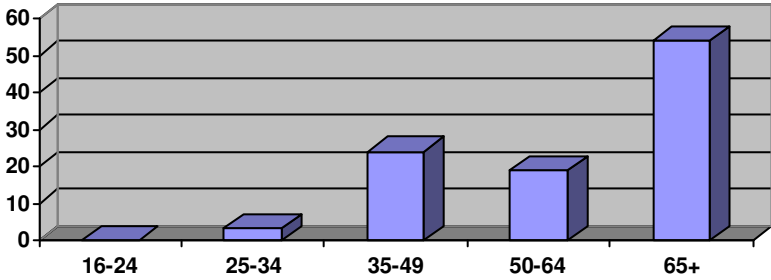


QA Place Lived

	Total	%
Smethwick	16	16.5
Oldbury	21	21.6
West Bromwich	32	33.0
Wednesbury	7	7.2
Tipton	9	9.3
Rowley Regis	12	12.4
Total	97	

Missing	3
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Fig / Table 2: Age (Histogram and related statistics provided)



QC Age of Respondent

	Total	%
16-24	0	0
25-34	3	3.0
35-49	24	24.0
50-64	19	19.0
65+	54	54.0
Total	100	

loss number between one and two million, suggesting a level of registration that could be at least 1.6%.

No question was asked regarding ethnicity. A question regarding first language might have acted as a partially useful proxy measure but, among respondents, just 6 people had a first language other than English (this in 5 cases being Punjabi). This small number rendered it not possible for any analysis based on this.

The smaller, clinical study referred to in the Introduction had a very similar age profile - with half (53.3%) aged 65 or over.

Travel and Work

A minority (31) of respondents reported having 'regular use' of a car – these being, in about three quarters of cases, driven by a husband/wife or a son/daughter. With regard to other ways of getting around, public transport and taxis were used 'most of the time', respectively, by over half (53) and nearly a third (30) of respondents.

Seven in ten (69.7%) of younger people felt confident using public transport as opposed to under half of older people (46.3%). Specialist transport was cited as used 'most of the time' by just six respondents. Five of these were aged 65 or over. A clear majority of respondents (84) were aware of the Ring and Ride scheme and how to access it. Similarly (87) for the Blue Badge parking scheme for disabled people; and (88) the option of concessionary travel.

Most respondents (60) had 'difficulties getting around outside', the position being somewhat more difficult for older people. Disorientation, lack of confidence and consciousness of the risks featured strongly in the types of difficulty they reported.

About half (48.5%) of respondents used or had used a mobility aid. Just a third (33.7%) had had mobility training. But for mobility training we can note a staggeringly large discrepancy between the proportion of older (11.5%) and younger (58.7%) respondents who received the same.

Fifteen respondents were in work (11 full-time). Given the age of most respondents it is unsurprising that the main reason (45) for not being in work was because of retirement. An important other reason (27) was, however,

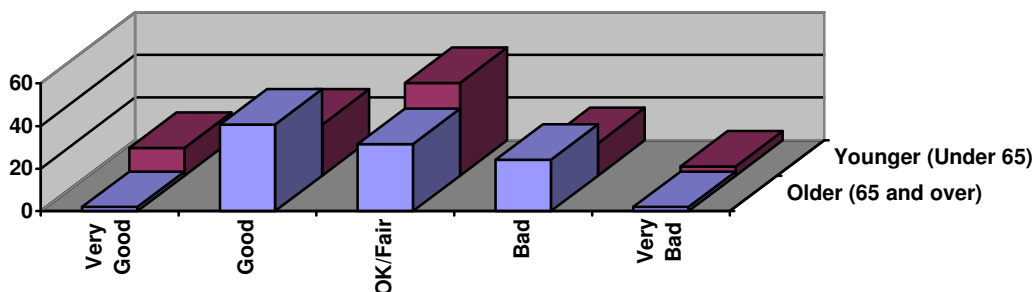
because of the respondent being 'long-term sick or disabled'. Five respondents reported that they were unemployed.

Health, Disability and Wellbeing

Nearly a quarter (23.0%) of respondents reported their health as poor or very poor with little difference between older and younger people (See Fig/Table 3). More remarkable, however, is the fact that over a third (37.0%) reported their health as having got worse in the preceding year (counterbalanced by just 12.0%) who stated that their health had got better. The change for the worse was most marked for older people (at 50.0%). The clinical study found 25 (55.6%) with a high risk of chronic heart disease and 14 (31.1%) with a body mass index (BMI) of 30 or over, therefore obese. Eight (17.8%) fell into both groups. For this sample, body mass indices did not appear to relate to age.

A lower proportion than for overall health (16.1%) reported their emotional health as poor or very poor, though four out of five (81.1%) respondents reported that there had been times in the past when they had not 'felt right emotionally' and for who most (60.1%) considered that their sight had contributed to this. The contribution of sight to emotional feelings appears to be a little stronger for older people (at 65.8%). Relating to emotions we can note that family members (50.8%) featured strongly as a source of help, particularly for older people (68.7%). Younger people were almost as likely to seek help from a friend (29.0%) as opposed to family (32.2%).

Fig/Table 3: Self Assessed Health (%) (Histogram and related statistics provided)



Q1 Self Assessment of Health

	Total	%	Older: Age 65+	%	Younger: Under 65	%
Very good	7	7.0	1	1.9	6	13.0
Good	33	33.0	22	40.7	11	23.9
OK / Fair	37	37.0	17	31.5	20	43.5
Poor	20	20.0	13	24.1	7	15.2
Very poor	3	3.0	1	1.9	2	4.3
Total	100		54		46	

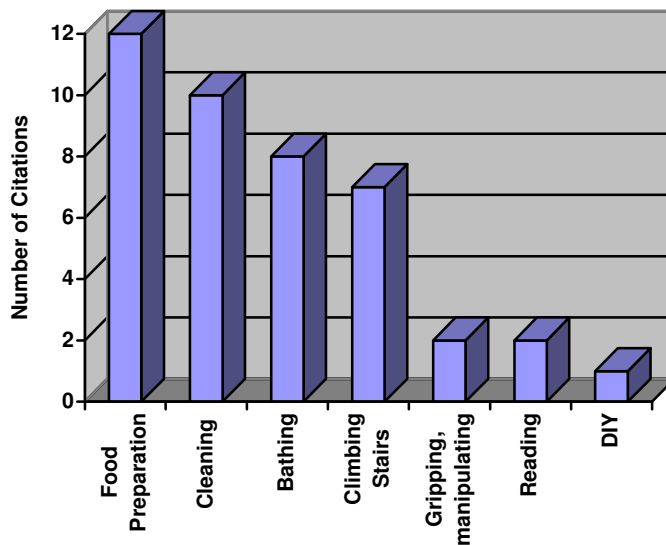
Over two-thirds of respondents (67.7%) reported other problems (apart from their sight) with illness, disability or health. This, as might be expected, was particularly the case for older people (79.2%) but was still over half (54.3%) for younger people. The most frequently cited (by over a quarter, 26.2%) other problems related to arthritis, back pain and mobility. And whilst hearing loss was barely mentioned by respondents in the context of the question on 'other' disabilities, we can note that 32.0% specifically reported having a hearing impairment (40.7% for older people).

With regard to mobility around the house nearly a half (47.4%) had some difficulty. Featuring highly among the types of difficulty cited by respondents are food preparation and cooking (28.6%), cleaning and general housework (21.4%) and bathing (19.0%) (See Fig/Table 4).

Half (49.0%) of the respondents used 'special aids around the house'. Portable lights and magnifiers, talking watches and clocks and mobility equipment were cited most. Overall, however, and given the low cost nature of many of the items available, the number cited can be regarded as very low (with, on average, less than one item per respondent). Linked to this assertion is the fact that only a little over half (54) respondents are both aware of and know how to access the service by which aids and/or adaptations can be obtained.

With regard to food preparation and cooking, 'meals on wheels' were known to most (68.0%) but under half knew how to access it.

Fig/Table 4: Types of Difficulty Around the House (Histogram and related statistics provided)



Q10 Types of Difficulty Around the House

	Total	%
Food Preparation and Cooking	12	28.6
Cleaning and General Housework	10	23.8
Bathing	8	19.0
Climbing Stairs	7	16.7
Gripping, manipulating	2	4.8
Reading	2	4.8
DIY	1	2.4
Overall Number of Citations	42	

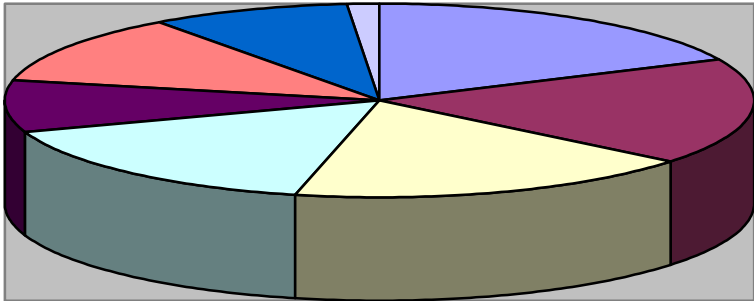
Nearly three quarters (73.8%) considered that they were receiving enough help to manage their health. This is at least in part facilitated through a high level of contact with various statutory services. On average respondents were able to cite between three and four agencies or services that they had used in the past 6 months. It should also be noted that respondents to the survey were in most cases known to and in contact with SVI. They will, therefore, have been in receipt of SVI newsletters.

Of possible note is the fact that older people (15.6%) were only half as likely as younger people (29.1%) to have been in contact with a doctor. By contrast nearly two thirds (65.7%) of respondents had paid an annual visit to an

optician or eye clinic, the proportion being higher for older (79.2%) than younger (50.0%) people. This compares to 81.8% in the clinical study. Lower levels of attendance (though still over half, at 57.6%) were noted for the dentist. This compares to 86.4% in the clinical study.

A wide variety of health information sources were used (See Fig/Table 5) with radio, television, professional advice together with family and friends all ‘scoring’ highly. Of little surprise but of note, in addition, is use of the Internet, particularly among younger people.

Fig/Table 5: Health Information Sources Used (Pie Diagram and related statistics provided)



■ Radio	■ TV
■ Family & Friends	■ Professional and ILC
■ Internet	■ Newspapers, Books & Magazines
■ Leaflets and Posters	■ Charities & Groups

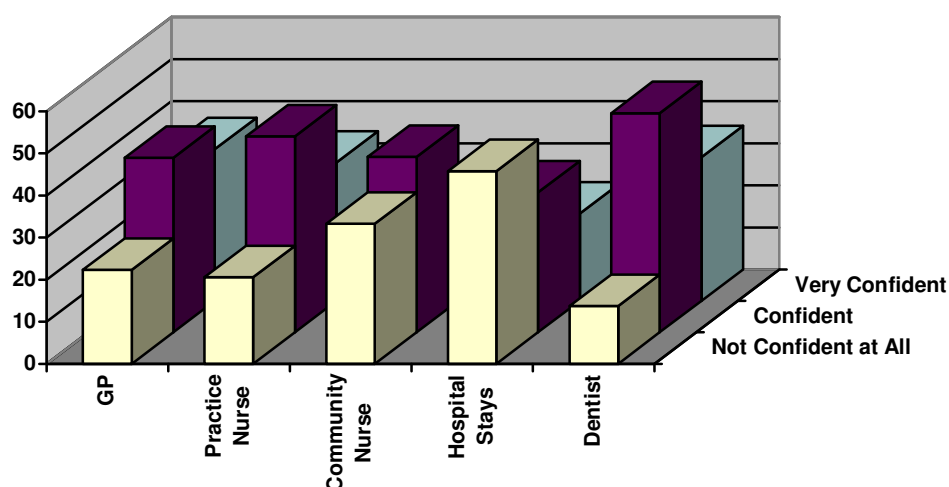
The level of confidence in some professionals as reported by respondents with regard to their ‘needs as a visually impaired person’ can be regarded as low given the high standards of customer service generally set by the professionals themselves (See Fig/Table 6). This was certainly the case for GPs, practice and community nurses, and of respondents’ hospital experiences. Older respondents were generally more confident than younger respondents, but what is striking is the size of the minority of both age groups who are ‘not confident at all’ (See Fig/Table 6). The responses, it must be noted, will in some cases relate to experiences outside Sandwell (e.g. for hospital visits and stays).

Q24 Health Information Sources Used

	Total	%	Age 65+	%	Younger	%
Radio	43	17.2	18	16.8	25	17.5
TV	42	16.8	18	16.8	24	16.8
Advice of Family & Friends	42	16.8	23	21.5	19	13.3
Professional Advice	37	14.8	20	18.7	17	11.9
Internet	20	8.0	3	2.8	17	11.9
Newspapers	18	7.2	8	7.5	10	7.0
Leaflets	17	6.8	10	9.3	7	4.9
Magazines	15	6.0	4	3.7	11	7.7
Posters	7	2.8	1	0.9	6	4.2
Books	5	2.0	1	0.9	4	2.8
Charities and Groups	3	1.2	0	0	3	2.1
Independent Living Centre	1	0.4	1	0.9	0	0
Overall Number of Citations	250		107		143	

Note: The categories Audio and Visual are not included in the analysis, these being assumed to be reflected in responses elsewhere.

Fig/Table 6: Confidence in Professionals with Regard to Person's Visual Impairment (Histogram and related statistics provided. N represents the sample sizes, i.e. the number of people who answered the question concerned – respectively the total, older people, younger people).



Q32 Confidence in Professionals with regard to Person's Visual Impairment

		%		%		%
		Very Confident		Fairly Confident		Not at All Confident

General Practitioner (N=94, 50, 44)

Main sample	34	36.1	39	41.5	21	22.3
Older People (65+)	22	44.0	17	34.0	11	22.0
Younger People (<65)	12	27.2	22	50.0	10	22.8

Practice Nurse (N=73, 42, 31)

Main sample	24	32.9	34	46.6	15	20.6
Older People (65+)	17	40.5	18	42.9	7	16.7
Younger People (<65)	7	22.6	16	51.6	8	25.8

Community Nurse (N=36, 24, 12)

Main sample	9	25.0	15	41.7	12	33.3
Older People (65+)	8	33.3	9	37.5	7	29.2
Younger People (<65)	1	8.3	6	50.0	5	41.7

Hospital Stays (N=72, 39, 33)

Main sample	15	20.8	24	33.3	33	45.8
Older People (65+)	12	30.8	11	28.2	16	41.0
Younger People (<65)	3	9.1	13	39.4	17	51.5

Dentist (N=73, 36, 37)

Main sample	25	34.2	38	52.1	10	13.7
Older People (65+)	12	33.3	18	50.0	6	16.7
Younger People (<65)	13	35.1	20	54.1	4	10.8

Health and Lifestyles

The link between lifestyle and health was noted in Section 2. The consciousness of many regarding this link is reflected in responses to a number of questions, notably among younger people. When it comes to lifestyles, there may, we consider, be a bias towards more 'virtuous' responses.

Nine out of ten (93.0%) had heard of the '5 a Day' campaign (to encourage people to eat more fruit and vegetables) promoted by, amongst others, the Sandwell NHS Primary Care Trust. We can note, in addition, that awareness of issues around healthy eating will have been raised to some extent by the series of Slimwell and Cookwell courses, for people with visual impairments, run by SVI in late 2008 and early 2009.

Nearly two thirds (65.9%) of younger respondents considered that food affects health (as opposed to a minority of older respondents, 43.1%). Paradoxically, however, it was older respondents who mostly (63.0% and 64.8% respectively) reported eating fruit and vegetables on a daily basis. This compares with under half (47.8% and 37.0%) of younger respondents. The clinical study found 70.5% eating five or more portions of meat or vegetables each day. Nearly all older respondents (94.4%) considered that they had a healthy diet compared to just over two-thirds (71.7%) of younger respondents.

Just one in ten (9.0%) respondents reported smoking 'sometimes' or 'every day'. And though the numbers are small it is interesting to note that four of the six younger respondents are interested in stopping. In the clinical study just 15.6% were 'smokers or past smokers'. Nearly three quarters (71.4%) drank 'sometimes' or 'every day'. In the clinical study 53.5% drank, with 9.3% drinking more than 16 units each week.

With regard to exercise, we can note younger respondents report being generally more active (though not markedly so) than older respondents. Some three-quarters (76.7%) of younger respondents said that they did 30 minutes of at least 'moderate' activity on five or more days a week as opposed to two-thirds (66.7%) of older respondents. A difference in the interest in particular activities is evident with older respondents disproportionately citing 'Extend' classes; and younger respondents being more likely to cite gym work or 'group activities at leisure centres'. In the clinical study 43.2% of respondents reported that they undertook activities on two or more days a week.

4. DISCUSSION AND KEY POINTS

The survey here reported found, disturbingly, a relatively high level of ill (and sometimes deteriorating) health among people with visual impairments in Sandwell. The finding of ill health is, however, in keeping with broader studies that have drawn on samples of people with visual impairments in different parts of the UK. It warrants specific attention by both the agencies that support the needs of people with visual impairment and those people themselves as they take responsibility for their own lifestyles.

That some of the ill health relates to age is, of course, evident from the statistics. There are, however, elements of ill health that also link to visual impairment itself. This is pointed to in the survey when lifestyles with low levels of activity are noted, these resulting in at least some part from the practical and emotional impact that visual impairment, and more particularly sight loss, can have. Both less active lifestyles and emotional difficulties can result from fears and inhibitions and from the damaging effects of visual impairment and sight loss on people's day to day lives at home, work or in the wider community.

Key Point 1

Visual impairment is associated with high levels of ill health. This may be particularly the case where sight loss occurs. Statutory and voluntary agencies should be aware of this fact and ensure that appropriate attention is given to meeting the needs that arise from this.

Unsurprising but equally requiring recognition is the fact that, as pointed to in the survey, visual impairment severely affects people's ability to travel with confidence. This, in turn, has its consequences in the greater risk of social exclusion (this being particularly the case where there is also hearing loss). Of considerable concern in this context is the extent to which few respondents had mobility aids and/or had had mobility training. What is described in this report, furthermore, as a 'staggeringly large discrepancy' between older and younger people with regard to this, suggests a need for urgent attention.

Key Point 2

Visual impairment reduces people's mobility, ability to travel and be engaged in the normal activities of daily life. Statutory agencies need to deploy more rehabilitation and related services that address this, including mobility training for people with visual impairments of all ages.

Given the extent to which people with visual impairments are (or feel) restricted to their homes, it is of concern that the survey found a very low level of use (and awareness) of aids and adaptations relating to their needs.

Key Point 3

Mobility with and normal functioning in the home can, for many, be readily facilitated through a combination of aids/adaptations, training (e.g. with the support of rehabilitation workers or specialist occupational therapists) and, where appropriate, the use of personal assistants. Statutory agencies should actively consider the wider deployment and appropriate targeting of such services and support (and give specific attention to the ways in which knowledge and the use of existing resources can be enhanced).

It is a matter of concern that a relatively high proportion (albeit a minority) of people with visual impairments had no confidence 'at all' in some key healthcare services that relate to their needs. This suggests a level of awareness or lack of understanding of issues around visual impairment and sight loss that is below that which is required of professionals.

Key Point 4

The number of people with visual impairments is increasing. The number with accompanying disabilities and sensory impairments, notably hearing loss, is also increasing. The growing needs demand a wider understanding of the conditions that lead to visual impairments and of the impact of sight loss. Statutory and voluntary agencies should redouble their efforts to raise awareness and improve knowledge – through events and specific training initiatives. Visually impaired people

and healthcare practitioners who work in key service areas must be included in such endeavours.

The above points do not merely represent a plea for more resources, though these will certainly be required to meet some of the particular needs around, for instance, aids and adaptations, and rehabilitation services. There are important associated findings from the survey that point to the need for better use of existing resources and for more effective outreach work to ensure that people with visual impairments are aware of and are able to use the same. Further collaboration across service boundaries is important here, together with emphatic and specific attention to the needs of people with visual impairments within key strategic documents.

There are real opportunities here for statutory bodies to engage more fully with voluntary agencies. The latter include those that are committed to the empowerment and ablement of people with visual impairments (including SVI) and other bodies where visual impairment is encountered in the context, most notably, of older age. SVI have, it can be noted, worked collaboratively with the Council and other bodies and is keen to continue developing such relationships (Sandwell Visually Impaired, 2008).

Key Point 5

Visual impairment increases the risk of social and economic exclusion. Opportunities for people with visual impairments to make contributions to economic and social life are, therefore, undermined. Statutory agencies must, therefore, as part of their strategic vision and in the framing and resourcing of practices, give greater attention to the increasing number of people with visual impairment.

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